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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR .	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/724,102	12/01/2003	Kazuhisa Hosaka	246026US6	1397	
TITLE OF INVENTION: IMAGE ENCODING APPARATUS AND METHOD, PROGRAM AND RECORDING MEDIUM					

DATE DUE PUBLICATION FEE DUE PREV. PAID ISSUE FEE TOTAL FEE(S) DUE APPLN. TYPE SMALL ENTITY ISSUE FEE DUE 12/18/2007 \$300 \$1740 NO \$1440 nonprovisional **CLASS-SUBCLASS EXAMINER** ART UNIT MOTSINGER, SEAN T 382-240000 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list 1 Oblon, Spivak, (1) the names of up to 3 registered patent attorneys ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. or agents OR, alternatively, 2 McClelland, Maier (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is ☐ "Fee Address" indication (or "Fee Address" Indication form & Neustadt, P.C. PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. listed, no name will be printed. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (B) RESIDENCE: (CITY and STATE OR COUNTRY) (A) NAME OF ASSIGNEE Tokyo, JAPAN Sony Corporation Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🖾 Corporation or other private group entity 🚨 Government 4a. The following fee(s) are submitted: 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) Issue Fee A check is enclosed. Payment by credit card. Transmitted via EFS-Web Publication Fee (No small entity discount permitted) The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 15-0030 (enclose an extra copy of this form). Advance Order - # of Copies \_\_\_ 2 -

	☐ b. Applicant is no longer claiming SMALL ENTITY status. Sec 37 CFR 1.27(g)(2).		
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Authorized Signature Joseph Scafetta, Jr.  Typed or printed name Joseph Scafetta, Jr.	Date DEC 1 2 2007 Reg. No. 26,803		

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